

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)



Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Use this form If you are making a one time investment. For SIP investment use the separate SIP Form.

1 **APPLICANT INFORMATION (Mandatory)** TO BE FILLED IN BLOCK LETTERS* **APPLICANTS FROM CANADA WILL NOT BE ACCEPTED** (Refer Instruction No. II)

[illegible]

TAX STATUS (Applicable for First / Sole Applicant)									
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FII's	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Others _____		

[illegible]

ADDRESS																																			
																				City															
State																		Country												Pin					
Resi.																		Office												Fax					

MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & RELATIONSHIP PROOF				
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Marksheet (HSC/ICSE/CBSE)	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others _____

OVERSEAS APPLICANT DETAILS																				
Address (Mandatory for NRI/FII applicant*)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>																			
Country	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>										Zip Code	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					For NRI applicants <input type="checkbox"/> Indian <input type="checkbox"/> Overseas			

[illegible]

Received from: Mr. / Ms. / M/s _____ an application for allotment
Scheme _____ Plan _____ Option _____
vide Cheque No _____ Dated ____/____/____ Amount (₹) _____ Drawn on _____
Bank and Branch _____
Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Application No:

Collection Center's Stamp & Receipt Date and Time

2 POWER OF ATTORNEY (POA) *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

[illegible]

3 KYC DETAILS (Mandatory - Refer Instruction No X for details)

OCCUPATION (Please tick ✓)							
First Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others _____	
Second Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others _____	
Third Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others _____	

GROSS ANNUAL INCOME (Please tick ✓)															
First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore									
Net worth (Mandatory for Non - Individuals) ₹ _____ as on DDMMYY [Not older than 1 year]							D	D	M	M	Y	Y	Y	Y	
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth									
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth									

For Individuals			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration) ☐ Yes ☐ No

Foreign Exchange/Money Charger Services ☐ Yes ☐ No Gaming/Gambling/Lottery/Casino Services ☐ Yes ☐ No Money Lending/Pawning ☐ Yes ☐ No

We are falling under **“Non-Profit Organization” [NPO]** which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). ☐ Yes ☐ No

If yes, please quote Registration No. of **Darpan portal** of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

4 FATCA/CRS DETAILS *Non Individual Investors should mandatory fill separate FATCA/CRS details form* (Refer Instruction No.XVI)

Sole / First Applicant / Guardian			2nd Applicant			3rd Applicant		
Place & Country of Birth : _____/ _____			Place & Country of Birth : _____/ _____			Place & Country of Birth : _____/ _____		
#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.								
Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

5

BANK ACCOUNT DETAILS

(Refer Instruction No. IV)

Account No.																Account Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR									
Bank Name																														
Branch Add.																														
Pin						IFSC CODE											MICR CODE													

6	PAYMENT DETAILS
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Mode of Payment [Please ✓] <input type="checkbox"/> RTGS/NEFT/Fund Transfer <input type="checkbox"/> DD <input type="checkbox"/> Cheque <input type="checkbox"/> AOTM <input type="checkbox"/> KOTM										Cheque No.					Date	
Gross Amount (₹)										Net Amount (₹)					DD Charges (₹)	
Bank Details: <input type="checkbox"/> Same as above (Please tick (✓) if yes) <input type="checkbox"/> Different from above (Please tick (✓) if it is different from above and fill in the details below)																
Bank/Branch & City										LEI No.						
Account No.										Account Type [Please ✓] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR						
Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.																

CHECKLIST Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

[illegible]

Edelweiss -	(Scheme)		
	(Plan)	(Option)	(Sub-Option)
(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)			
IDCW (Transfer) to Scheme		Plan	Option

8 SYSTEMATIC TRANSACTION REGISTRATION DETAILS

SIP	STP	SWP						
Scheme: Edelweiss - _____ _____ Plan _____ Option _____ Sub-Option _____	Source Scheme: _____ Target Scheme: _____	Scheme: _____						
Installment amount (in figures): _____ Installment amount (in words): _____	Amount (in figures): _____ Amount (in words): _____	Amount (in figures): _____ Amount (in words): _____						
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly						
Preferred SIP date: _____ (For Monthly & Quarterly only)	Preferred STP date: _____ (For Monthly & Quarterly only)	Preferred SWP date: _____ (For Monthly & Quarterly only)						
Debit Date: _____								
SIP Period: <table style="display: inline-table; width: 150px;"><tr><td style="width: 50%;">From Date</td><td style="width: 50%;">To Date</td></tr></table>	From Date	To Date	STP Period: <table style="display: inline-table; width: 150px;"><tr><td style="width: 50%;">From Date</td><td style="width: 50%;">To Date</td></tr></table>	From Date	To Date	SWP Period: <table style="display: inline-table; width: 150px;"><tr><td style="width: 50%;">From Date</td><td style="width: 50%;">To Date</td></tr></table>	From Date	To Date
From Date	To Date							
From Date	To Date							
From Date	To Date							
(SIP period should not exceed 30 years)	(For monthly and quarterly SIP/STP/SWP select any date except 29th, 30th and 31st)							

9 NOMINATION DETAILS* (Mandatory) (Refer instruction no. IX)

☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian/Nominee Signature
1.					DD/MM/YYYY		
2.					DD/MM/YYYY		
3.					DD/MM/YYYY		

☐ I/We DO NOT wish to nominate

Declaration for Nomination (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.

Declaration for Investment: Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to the Trustee of Edelweiss Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme(s) is equal to or more than 25% of the corpus of the Scheme, then Edelweiss Asset Management Ltd., Investment Manager to the Edelweiss Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I /We hereby authorise Edelweiss Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Edelweiss Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all/ any of the information provided by me/ us, including all changes, update to such information as and when provided by me/ us to Edelweiss Mutual Fund/ Edelweiss Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities/ agencies, the tax/ revenue authority and other investigation agencies without obligation on advising me/ us of the same. I/We authorise Edelweiss Mutual Fund to reject the application, revert the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes of the fund, recover/debit my/our folios(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/ authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.

I / We confirm that I am/We are not resident(s) of Canada under the laws of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (✓) (Including amount of Additional Purchase Transaction made in future)

☐ Repatriation ☐ Non Repatriation

Applicable if resident / citizen of a member state of European Union protected under GDPR

I / We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:

- I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement.
☐ YES ☐ NO
- I wish to receive marketing information from Edelweiss Group (*) ☐ YES ☐ NO
- I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
DATE : ____ / ____ / ____ PLACE : _____		